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٠	Under the Papers	work Reduction Act	of 1995, no p	era anoan	required to	U.S. Par	Aptent and Tracestion of infor	prov ema mati	ved for use the rk Office; U.S on unless it dis	ough 1 DEPA	PTO. 0/31/2002. C URTMENT OF Lyalid OMB	SB/06 (08-00) MB 0651-0033 F COMMERCIONICOLOR
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number												
CLAIMS AS FILED - PART I								L	1.00	17	OTHER T	THAN
(Column 1) (Column 2)								LL	ENTITY	OR	SMALL E	ENTITY
FOR NUMBER FILED					NUMBER	EXTRA	RA	E	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))									s	OR		\$8900
TOTAL CLAIMS (37 CFR ).16(c))				20 =	* 0 · C	x \$_				OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))					ine 3 =   * 0   0			_==		OR	х =	
<del></del>					CFR 1.16(6))			-		OR	+=	
♦ If the difference in column 1 is less then zero, enter "Ö" in column 2								AL		OR	TOTAL	89000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	L I	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	CHEST IMBER IOUSLY D FOR	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ()7 CFR 1.16(c))	•	Minus	**		= 0	x \$		0	OR	x \$=	
	Independent (37 CFR 1.76(b))	•	Minus	***		= 0	x	=	0	OR OR	x=	,
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))							_=		OR	+=	
(Column 1) (Column 2) (Column 3)							TOTA ADDIT. FI			OR A	TOTAL DDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER JOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	]  x s=		,	OR	x <b>\$</b> _=	
	Independent (37 CFR 1.16(b))	*	Minus			=	х	=		OR OR	x=	
∢	FIRST PRESENTATION OF MULTIPLE DEP			PENDEN	T CLAIM	(37 CER 1.16(d))	1-	.=		OR	+=	
	(Column 1) (Column 2) (Column 3)							AL EE		OR <sub>A</sub>	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$	. =		OR	x <b>\$</b> _=	
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	. =		OR OR	x=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=	
* If the entry in column I is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												er for

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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